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The homeopathic conundrum

The so-called Benveniste affair left neither homeopaths nor the editor of *Nature* unscathed¹. In many ways Benveniste and his co-researchers have benefited by improving and developing their technique and we can, I believe, expect further publications from this group. The editor of *Nature*, however, has probably had his scientific reputation permanently tarnished by the bizarre way in which he directed *Nature* to publish and then destroy (with the aid of a magician?) a paper published in his journal.

Perhaps it might be wise to now draw breath in an attempt to take the politics and emotions out of the homeopathic debate so that we can begin to evaluate some of the more recent research. It is quite clear that the underlying mechanism of homeopathy is poorly understood and difficult to investigate². However, a number of excellent clinical trials have been published over the last few years, and these are worthy of consideration as they raise important issues³⁻⁵.

The paper by Taylor Reilly *et al.*³ is a carefully constructed study which analyses the effect of a homeopathic potency of pollen, versus placebo, in hay fever. The study is entitled 'Is homeopathy a placebo response?'. Its aim is to use a very simple homeopathic approach to the management and control of hay fever. Adequate numbers of patients were entered and both the statistics and study model were very carefully conceived and effected. The study is unequivocal in its conclusion; it demonstrates that homeopathy is having an effect greater than that of a placebo. The homeopathic medications used in this study were so dilute that no molecule of medication could possibly have been present in the real treatment given to the patient. While the English may debate the validity of French studies on animal and plant models⁶ used to validate and support homeopathy, this study is both

English and conducted in a carefully controlled situation. It raises the first, and perhaps most important, question that conventional medicine must address: is homeopathy a placebo or are Taylor Reilly's results valid?

A similar question has been posed by Ferley *et al.* Ferley's study was carried out in France and attempted to evaluate the real clinical effects of France's best selling common cold remedy, the homeopathic preparation oscilloccinum. Patients were entered on the basis of clinical signs and symptoms of 'flu'; unfortunately no immunological tests were used. Approximately 480 patients were entered and randomly allocated to those receiving placebo or homeopathic medication. Subsequently the recovery rates within the first 48 h were assessed, comparing these two blindly-treated groups. The homeopathic treatment produced a significant improvement in recovery compared with the placebo⁴. This again suggests that not only can homeopaths launch large, properly constructed studies, but that these studies appear to indicate that homeopathic preparations, which have no material medicine present, have greater than a placebo effect.

The third study, published by Fisher *et al.*⁵, evaluated the effect of homeopathic preparations on primary fibromyalgia. Similarly, this study suggested that homeopathic preparations were having a significant effect on the illness. However, the study model is of particular interest here. Patients were initially selected if they had an agreed conventional diagnosis of primary fibromyalgia and then a further selection process occurred where a homeopathic diagnosis was made. The study was set up to evaluate the effectiveness of a single homeopathic remedy, so the patient not only had to fulfil the criteria of a conventional diagnosis but also that of a homeopathic diagnosis. Consequently both conventional and homeopathic diagnostic criterion were fulfilled for each patient. The cry that many homeopaths have made over the years is that you cannot effect clinical

trials in homeopathy because each patient is so different and may require a different homeopathic remedy. Fisher *et al*'s study suggests that, with careful patient selection and appropriate clinical trial methodology, it is indeed possible to initiate double-blind controlled trials which satisfy both the conventional doctor and the homeopathic physician.

In all these studies homeopathic medications were used that contained no material medicines; the dilutions were below that predicted by the Avogadro number. The conclusion one draws from these three recent studies is that homeopathy does indeed have an effect greater than that of placebo alone. Furthermore, homeopaths are capable of initiating and completing complex clinical trials to a high scientific standard. However, these studies beg a number of questions. If homeopathy is as effective as these three studies would suggest, what is its mechanism of action? If we believe conventional chemistry is the sole repository of wisdom that underpins modern pharmacology, how can we accept homeopathy? Yet, if these clinical trials are correct, modern pharmacology may yet be rocked to its foundations by researchers working

in the same field of fundamental research as Benevise.

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Multiple personality disorder: where is the split?

The human individual is neither unitary nor internally consistent, but complex, contradictory and divided. In some cases these contradictory attitudes and behaviours may become incompatible, thereby threatening the stability and integrity of the personality. On rare occasions, stability may only be preserved by a dissociation or splitting of the personality into more stable subunits. The first report of such a case of double consciousness was published by Dr S L Mitchill of West Point Military Academy in 1816¹. Mitchill's report was in fact little more than hearsay, as he heard about the case from a teaching colleague who told him the strange story of a young English woman Mary Reynolds who had emigrated with her family to a rural area of Pennsylvania. In her early twenties she suddenly entered an extraordinary mental state, forgetting all of the details of her life and, with a personality which was different in attitudes and temperament, began to relearn many basic skills, gradually acquiring a sophisticated and well defined second 'personality' which alternated with her previous personality until her death.

Such cases were very rarely reported during the first half of the 19th century, but by the turn of the century Morton Prince was able to review a collection of 20 patients and he later published his own detailed account of the case of Christine Beauchamp². From this time onwards most cases were reported as having more than two personalities and the condition became known as multiple personality disorder (MPD). The

diagnosis was heavily criticized from the first case descriptions. It was commonly held that these patients were clever and suggestible 'mythomaniacs' who were capable of impressing gullible clinicians³.

The past 20 years have seen a second wave of interest in MPD, with the number of reports in the literature increasing dramatically since 1970. Bliss estimates that 300 cases have been reported in the world literature, at least 79 occurring between 1970 and 1981, but only eight cases were identifiable in the 25-year period prior to this⁴. Some clinicians claim to have seen hundreds of cases in their clinics. This North American 'epidemic' can be traced back to the publication of several widely publicized biographical accounts of MPD patients and alleged multiples. The first of these, written by a psychiatrist and a psychologist in 1957 gives a dramatic account of the presentation and treatment of their patient in *The Three Faces of Eve*⁵.

Proponents of the diagnosis of MPD attribute the increase in case reporting to greater awareness of the condition among professionals and greater accuracy in diagnosis following clarification of the definition of schizophrenia by DSM-III⁶. In order to fulfil the diagnostic criteria for MPD a subject must possess two or more 'distinct personalities' or personality states, each with its own relatively enduring pattern of perceiving, relating to and thinking about the environment and self and at least two of these personality states must take full control of the person's behaviour recurrently. According to some critics these brief criteria are excessively vague and lack a clear definition of 'personality'⁷.

One of the most detailed descriptions of the phenomenology of the disorder comes from an uncontrolled survey of clinicians who had at least one

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